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ABSTRACT

Licensing is the first line of protection for children in out-of-family child care settings in the United States. The highest level of program quality assurance available to most parents is through accreditation systems, which are intended to identify high quality programs. This research and policy brief, a quarterly synthesis of issues addressed by investigators and affiliates of the National Center for Early Development and Learning, examines the state of knowledge of regulation in the United States. The brief explores why regulation is currently an issue, and what research says about regulatable elements of quality in child care. The brief also summarizes what is known about state licensing, and offers recommendations in the areas of licensing, funding, and research to improve child care regulation in the United States. A chart provides salient characteristics of licensing regulations for each of the states. Also included is a fact sheet summarizing findings in the larger report. (Contains 47 references.) (HTH)

Regulation of Child Care. Early Childhood Research and Policy Briefs.

Volume 2, Number 1, Winter 2002

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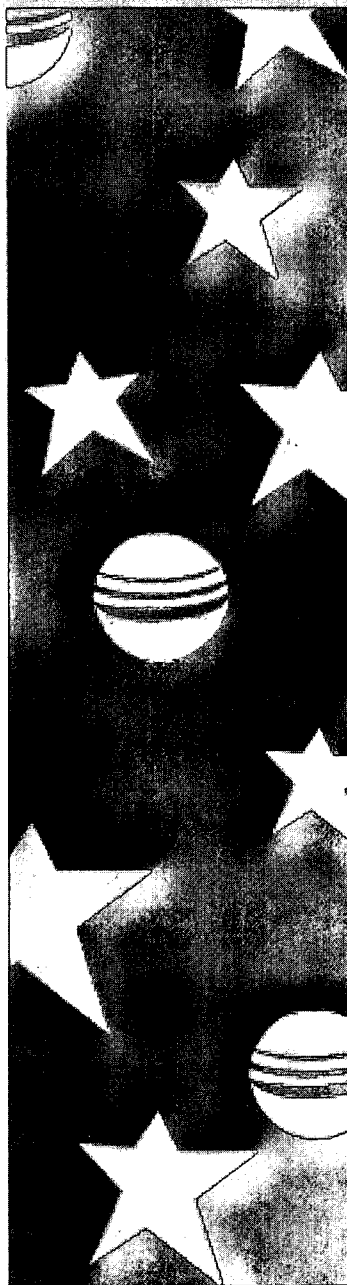
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Early Childhood Research & Policy Briefs

A synthesis of issues addressed by investigators & affiliates of NCEDL prepared for the National Institute on Early Childhood Development & Education



National Center for
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Briefs

Regulation of Child Care

LICENSING is the first line of protection for children in out-of-family child care settings in the United States. In general, licensing intends to insure that the care provided is good enough to do no harm to children—that the building is safe and sanitary and that adequate developmental and caring relationships are provided to children. Another level of program standards is typically tied to funding, as in the Head Start performance standards. The highest level of program quality assurance available to most parents is through accreditation systems, which are intended to identify high quality programs. State licensing of child care usually applies to all private programs and provides the baseline of protection—from injury, disease, or developmental impairment. This brief addresses the state of knowledge of regulation in the United States.

Why is regulation an issue now?

Over the past few decades we have seen a dramatic increase in the use of child care in this country. Currently, almost two of every three mothers with children under the age of six are in the labor force (US Department of Labor, 2001). Recently, the increases have shown up in families with very young children. Now more than half of mothers with children under the age of one are in the labor force (O'Connell & Bachu, 1990). Further pressures come from welfare reform legislation, which provides strong incentives for poor mothers to go to work.

We have increased evidence from recent research that positive relationships and protection from negative early experiences are especially important, leading to an increased need to protect such young children from poor quality child care. There is growing evidence that very poor quality child care has major negative consequences for children, especially those in care beginning in infancy (NICHD Early Child Care Research Network, 1998, 1999).

Recently released data show that the quality of child care affects children's performance into the early school years (Love, Schochet, & Meckstroth, 1996; Peisner-Feinberg et al., 1999).

Five factors raise serious concerns about our commitment to provide adequate protection to our youngest citizens. First, many states do not have enough staff to inspect centers and family child care homes regularly. Second, family child care homes with fewer than three children are not even covered by regulations in 34 states. Recent welfare legislation has encouraged the use of non-market or non-licensed care in most states, yet funding agencies have no system for monitoring such care (Gormley, 1995). Third, there is a strong ideological trend toward removing regulatory barriers to private business in our society. While this trend is balanced by a public concern for consumer protection, it is not clear that children will be adequately protected. Fourth, a few states set their rules so low that

030341

they actually permit harmful care. Fifth, often child care directors must struggle to find the resources to meet raised standards, especially for teacher qualifications.

In fact, only 14% of centers and 13% of family child care homes in the United States are rated as

being of good quality. Large proportions of care—particularly for the very youngest children in care—are rated as being of poor quality and are likely to harm children (Cost, Quality, and Child Outcomes Study Team, 1995b). Clearly, increased attention to protection of these young children is urgently needed.

What does research tell us about regulatable elements of quality in child care?

Research on child care suggests that there can be both positive and negative consequences of attending child care related to the quality of care provided. Various studies have identified a number of characteristics of child care which are amenable to regulation and which have a significant impact on the expected outcomes for young children including:

- **Child:staff ratio & group size**

Lower child:staff ratios and smaller group sizes are associated with improved quality in child care centers in a number of studies. Particular emphasis has been placed on the importance of these regulatable features of child care for the youngest children in care—infants and toddlers (Helburn, 1995; Whitebook, Howes, & Phillips, 1989).

- **Compensation & staff turnover**

Staff turnover rates are quite high in child care centers—roughly three times the rates of school teachers. It is not unusual for children to have two or three different teachers in a given year. Turnover has a clear connection to quality of programs (Helburn, 1995; Whitebook, Howes, & Phillips, 1989). Turnover is closely associated with compensation, which is dramatically low in the United States.

- **Staff education & specific training in child related fields**

Studies have shown that **both** a measure of general education level (number of years of schooling) and specific training in child related fields are related to quality of programs. As might be expected, staff compensation, turnover, and education are all interrelated (Cost, Quality and Child Outcomes Study Team, 1995a; Whitebook, Howes, & Phillips, 1989). Both preservice and in-service training have a positive impact on the quality of services (Burchinal, Cryer, Clifford, & Howes in press). It is interesting that teacher experience appears to have no measurable impact on program quality (Helburn, 1995).

- **Director competency**

The performance of the program director, particularly as it relates to providing leadership in program functioning at the administrative level and providing high quality supervision and feedback, predicts program quality (Cost, Quality and Child Outcomes Study Team, 1995a).

- **Safe and sanitary design and maintenance of the physical environment, and hygienic practices**

One of the most important types of protection supported by regulation is the assurance of safe and hygienic facilities and practices. Research has clearly demonstrated the value of requiring hygienic practices, particularly stressing the value of hand washing, in the reduction of the spread of infectious diseases in child care facilities (Black et al., 1981).

- **Relationships & activities**

More difficult-to-regulate aspects of programs which have a significant impact on children such as continuity of child relationships with adults, emphasis on child-initiated activities, child participation in representational play, and positive relationships between parents and staff, are consistently associated with positive outcomes for children (Howes, Phillipsen, & Peisner-Feinberg, 2000; Peisner-Feinberg et al., 1999; Schweinhart & Weikart, 1985).

Child care is expensive, regardless of its quality. Modest increases in quality can be achieved through relatively small increases in cost. However, high quality compared to low quality programs are clearly more expensive and include higher compensation for employees. On the other hand, poor quality programs have great hidden costs in what they do not provide for children in terms of child development (Helburn, 1995). Prices of all child care, both good and poor, reflect a hidden subsidy from staff who are not adequately compensated.

Overall, good child care has positive effects and poor child care has negative effects on children. Programs meeting higher standards above basic licensing (such as being accredited) are higher in quality. Research has shown that children who are in these programs are more advanced developmentally and that these differences persist into the early elementary grades (NICHD Early Child Care Research Network, 1999; Peisner-Feinberg et al., 1999). While parents and child care experts agree on the components of quality care, parents need help as consumers to identify high quality programs (Helburn, 1995).

What We Know About State Licensing

Based on a review of the licensing regulations in all 50 states and the District of Columbia in 1986 and 2001, a modest increase in licensing standards for centers is evident. See the chart 2001 State Child Care Licensing Regulations at a Glance. Changes are mixed for family child care homes. Enforcement policies vary from state to state. Several key findings are worthy of note:

- Infant ratio requirements in centers have improved in a few states. In 1986, 28 states required ratios of 4:1 or less for children under one year of age. In 2001, 35 states require such ratios. In 2001, no state permits a ratio above 6:1; in 1986 there were three.
- Toddler ratio requirements in centers remain high. In 1986, only 24 states required ratios of 5:1 or lower for children 18 months old. In 2001, 26 states require this ratio. The highest ratio permitted was 10:1 in 1986 and is 9:1 in 2001.
- In the past decade, group/class size requirements have been strengthened. For infants and toddlers, in 2001, 34 states have requirements compared to only 25 in 1986. For preschoolers, the number of states with group/class size limits has increased from 20 to 31.
- A few more part-time school-age children are now permitted in family child care homes.
- Annual ongoing training requirements have improved significantly. In 2001, annual training is required for teachers in 44 states, compared to 33 in 1986. Center directors must have annual training in 43 states, compared to 14 states in 1986. Home providers must have annual training in 33 states, compared to only 8 states previously. The hours required for teachers in 2001 range from 3 to 25.
- Preservice qualifications remain low. In 30 states, an individual can become teacher in a licensed center with no prior training. Only six states improved preservice requirements between 1986 and 2001.
- Only eight states require any administrative training for directors.
- The numbers of child care centers and homes have steadily increased since the late 1980s (Children's Foundation, 2001a, 2001b), but many states did not add licensors, so that case loads are larger. However, in recent years, at least one-third of the states increased the number of licensors and are beginning to address this problem.
- In 2001, at least 29 states are known to have provisions for paying higher reimbursement rates for higher quality care and others are proposing to implement such policies (Collins, Collins, & Dry, in press).
- Licensing offices have also begun implementing quality improvement initiatives in addition to basic licensing activities.

What should be done about regulating child care in America?

Decisions about licensing involve a set of trade-offs among desirable outcomes of quality, affordability, and supply. If the focus is placed on assuring an ample supply of child care openings, the trade-off may be a plentiful supply of mediocre or poor quality programs which may harm children. When licensing focuses on quality issues such as low child:staff ratios and highly qualified staff, programs may cost too much for many parents, and supply may also be reduced. Given these trade-offs, most states have emphasized supply and affordability issues in response to the increased demand for child care. Research documenting the relatively low quality of child care suggests that it is time to improve licensing regulations and other strategies which lead to higher quality care and education for our children (Cost, Quality, and Child Outcomes Study Team, 1995b; Galinsky, Howes, and Kontos, 1995; Whitebook, Howes, and Phillips, 1989).

Licensing

- States should license all market (out-of-family) child care.
- States should employ additional licensing staff to adequately enforce standards in current facilities and to deal with expected growth.
- Many states should raise their standards to reduce the risk of harm.
- Infant/toddler and school-age group staff should be required to have training specific to the age group.
- Directors should have required management training in addition to child development training.
- States should require substantial hours of annual training with college credit for all workers.
- States should raise preservice qualifications.

Funding policies

- States need to establish fiscal standards and monitoring for subsidized care not covered by licensing, including care by family members.
- States should pay higher rates for higher quality care, tying rates to some measure of quality, such as recognition through accrediting bodies or evaluation ratings.
- States should withdraw subsidy from programs with licensing records of repeated non-compliance.

Research & Evaluation

- Research is needed to more accurately identify thresholds of quality below which harm to children occurs.
- All accrediting organizations should be sure that the programs they accredit are good, i.e., above the licensing level of good enough to do no harm.
- Specific research is urgently needed on the types of care that are not licensed, such as care by family members, illegal family child care, and care in homes that are not required to be licensed, to determine the implications for child development of subsidizing these types of care.
- More research is needed on the characteristics of program administrators which impact program quality and child outcomes.
- Ongoing comparative data gathering and research on the regulation of care by the states should be made a high priority by the federal government.

2001 State Child Care Licensing Regulations at a Glance

State	Infants (9 months)		Four-Year-Olds		Center Teacher ECE Training Requirements (Lowest Alternative)	Center Director ECE & Administrative Training Requirements (Lowest Alternative)		
	Child:Staff Ratio	Group Size	Child:Staff Ratio	Group Size	Preservice Requirements	Ongoing Hours	Preservice Requirements in ECE & Administration	Ongoing Hours
AK	5:1	NR	10:1	NR	None	15	12 college credits in ECE	15
AL	6:1	6	20:1	20	12 hours training in child care & development	12	124 hours training in child care, 20 hours training in administration & 12 months experience	24
AR	6:1	NR	15:1	NR	None	10	None	10
AZ	5:1/11:2	NR	15:1	NR	None	12	60 hours of workshop training in ECE & 2 years experience	12
CA	4:1	NR	12:1	NR	6 post secondary semesters or equivalent quarter units in ECE	0	12 semester units in ECE; 3 units in administration & 4 years experience	0
CO	5:1	10	12:1	24	None	9	24 semester hours in ECE & 2 years experience	9
CT	4:1	8	10:1	20	None	1% hrs worked	CDA credential & 1080 hours experience	1% hrs worked
DC	4:1	8	10:1	20	CDA credential & experience	0	2 or more years of college, including courses in ECE or related field & experience	0
DE	4:1	NR	15:1	NR	60 hours training in ECE & 1 year experience	15	CDA credential & 2 years experience	15
FL	4:1	NR	20:1	NR	40 clock hours ECE training	8	40 clock hours ECE training	8
GA	6:1	12	18:1	36	10 clock hours of child- care training within first year of employment	10	None	10
HI	4:1	8	16:1	NR	CDA credential & 1 year experience	0	CDA & 4 years experience	0
IA	4:1	NR	12:1	NR	None	10	CDA or 1 year diploma in child development from community college or technical school & 1 course in business administration or 12 contact hours in administrative training	10
ID	6:1	NR	12:1	NR	None	4	None	4
IL	4:1	12	10:1	20	CDA or CCP credential	15	CDA or CCP credential, 12 semester hours in ECE & 2 years of experience	15
IN	4:1	8	12:1	NR	None	12	Associate's degree in ECE & 3 years experience in direct service to children	12
KS	3:1	9	12:1	24	CDA credential & 1 year experience	10	CDA credential & 1 year experience	5
KY	5:1	10	14:1	28	None	12	None	12
LA	5:1	10	15:1	15	None	0	30 clock hours of ECE training & 1 year experience	0
MA	3:1/7:2	7	10:1	20	3 credit course in child development & 9 months experience	20	14 college credits in ECE, 2 credits in child care administration & 42 months experience	20
MD	3:1	6	10:1	20	90 clock hours in ECE & 1 year experience	3	90 clock hours in ECE	6
ME	4:1	12	10:1	30	None	24	CDA credential	24
MI	4:1	NR	12:1	NR	None	0	CDA credential & 12 semester hours in child-related topics	0
MN	4:1	8	10:1	20	CDA credential & 1560 hours experience	2% of hours worked	90 clock hours in child development, human relations, or staff supervision & 1040 hours of supervisory experience	2% of hours worked
MO	4:1	8	10:1	NR	None	12	12 semester hours in child-related courses, & 2 years experience	12
MS	5:1	10	16:1	20	None	15	CDA credential or OCY Child Care Director's Credential & 2 years experience	15
MT	4:1	NR	10:1	NR	8 hours ECE training in first year	0	None	0
NC	5:1	10	20:1	25	None	20	NC Early Childhood Administrative Credential or equivalent	20

2001 State Child Care Licensing Regulations at a Glance

State	Infants (9 months)		Four-Year-Olds		Center Teacher ECE Training Requirements (Lowest Alternative)		Center Director ECE & Administrative Training Requirements (Lowest Alternative)	
	Child:Staff Ratio	Group Size	Child:Staff Ratio	Group Size	Preservice Requirements	Ongoing Hours	Preservice Requirements in ECE & Administration	Ongoing Hours
ND	4:1	8	10:1	20	None	13	CDA credential & 1 year experience	13
NE	4:1	NR	12:1	NR	None	12	None	12
NH	4:1	12	12:1	24	Completion of 2-year vocational child care course	6	CDA credential & 4,000 hours experience	6
NJ	4:1	20	12:1	20	Certified Child Care Professional Certificate	8	None	12
NM	6:1	NR	12:1	NR	None	24	CDA, CPC, NAC, or Master Certificate & 2 years experience	24
NV	6:1	NR	13:1	NR	3 hours ECE training in first 6 months	12	12 semester hours in child-related topics	12
NY	4:1	8	8:1	21	None	15	Associate's degree in ECE/related field (with plan of study leading to Bachelor's degree), 2 years full- time teaching experience & 2 years supervising experience	15
OH	5:1	12	14:1	28	None	15	CDA credential and 2 years experience	0
OK	4:1	8	15:1	30	None	12	None	20
OR	4:1	8	10:1	20	None	15	None	15
PA	4:1	8	10:1	20	None	6	Associate's degree that includes 30 ECE credits & 4 years experience	6
RI	4:1	8	10:1	20	Bachelor's degree in any field & must meet standards for RI Early Childhood Certificate	20	6 college courses in ECE and/or child development and 5 years experience	20
SC	6:1	NR	18:1	NR	10 clock hours training 1st year	15	15 clock hours training 1st year	20
SD	5:1	20	10:1	20	None	20	None	20
TN	5:1	10	15:1	20	None	6	None	12
TX	4:1/10:2	10	20:1	35	8 hours ECE training	15	CDA credential, 6 credits in business management & 2 years experience	20
UT	4:1	8	15:1	30	None	20	CDA, CCP, or NAC credential	20
VA	4:1	NR	12:1	NR	None	8	CDA credential & 2 years experience	0
VT	4:1	8	10:1	20	12 credits in topics related to ECE & 3 years experience	12	12 credits in topics related to ECE & 3 years experience	9
WA	4:1	8	10:1	20	20 hours approved training	10	CDA credential & 2 years experience	10
WI	4:1	8	13:1	24	2 non-credit dept.-approved ECE courses, 80 days experience	25	2 non-credit dept.-approved ECE courses, 10 hours training in administration if no previous training & 80 days experience	25
WV	4:1	NR	12:1	NR	None	Unspecified	CDA credential & 1 year experience	Unspecified
WY	4:1	10	12:1	30	None	30 every 2 years	CDA or CCP & 1 year experience with age served	30 every 2 years

Abbreviations: CCP = Certified Child Care Professional Credential
CDA = Child Development Associate Credential
CEU = Continuing Education unit
ECE = Early Childhood Education, Child Development or Child-related Field
NAC = National Administrators Credential
NR = Not Regulated

Note: States often list a set of required preservice training alternatives. If a state has requirements for experience, high school completion, age, or training not specified in early childhood, we define it as "None."

Data compiled by Wheelock College Institute for Leadership and Career Initiatives, November 2001

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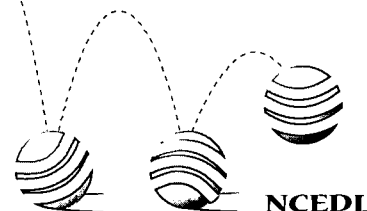
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Early Childhood Research & Policy Briefs

What Should Be Done?

Licensing

- States should license all market (out-of-family) child care.
- States should hire more licensing staff to adequately enforce standards in facilities and to deal with expected growth.
- Many states should raise their standards to reduce the risk of harm.
- Infant-toddler and school-age staff should be required to have training specific to the age group.
- Directors should have required management training, in addition to child development training.
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National Center for
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Fact Sheet

Winter 2002

Vol 2 #1

Regulation of Child Care

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However, research tells us that there can be both positive and negative consequences of attending child care related to the quality of care provided. Characteristics of care which have a significant impact on children's outcomes can be improved through strengthened state licensing requirements, higher standards for public subsidy, and better consumer ratings and information.

Research documenting the relatively low quality of child care in the United States suggests that it is time to improve the licensing requirements in many states for both center and family child care, and to use additional strategies that lead to higher quality care and education for our children.

What does research tell us?

• Child-to-staff ratio & group size

Lower child-to-staff ratios and smaller group sizes are associated with improved quality in child care centers in a number of studies.

• Staff turnover & compensation

Staff turnover rates are quite high in child care centers—roughly three times the rates of school teachers. Turnover has a clear connection to quality of programs. Turnover is closely associated with compensation, which is dramatically low in the United States.

• Staff education and specific training in child-related fields

The general education level (number of years of schooling) and specific training in child-related fields are both related to quality of programs. Compensation, turnover, and education are all interrelated.

• Director competency

The performance of the program director, particularly as it relates to providing leadership in program functioning at the administrative level, predicts program quality.

• Safe and sanitary design and maintenance of the physical environment

Research has clearly demonstrated the value of requiring hygienic practices, particularly stressing the value of hand washing, in the reduction of the spread of infectious diseases in child care facilities.

• Relationships and activities

More difficult-to-regulate aspects of programs that have a significant impact on children such as continuity of child relationships with adults, emphasis on child-initiated activities, child participation in representational play, and positive relationships between parents and staff, are consistently associated with positive outcomes for children.

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Implications for research, evaluation

- Research is needed to more accurately identify thresholds of quality below which harm to children occurs.
- All accrediting organizations should be sure that the programs they accredit are good, i.e. above the licensing level of good enough to do no harm.
- Specific research is urgently needed on the types of care that are not licensed, such as care by family members, illegal family child care, and care in homes that are not required to be licensed, to determine the implications for child development of subsidizing these types of care.
- More research is needed on the characteristics of program administrators that impact program quality and child outcomes.

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